



EAST TENNESSEE HUMAN RESOURCE AGENCY, INC.

Title VI/ Equal Opportunity Complaint Form

Note: The following information is requested to help in processing your complaint. If you need help in completing this form please request assistance.

Complainant Name: _____

Address: _____

Person discriminated against (if someone other than the complainant)

Name: _____

Address: _____

Telephone: (Cell) _____ (Other) _____

Which department of this agency do you believe discriminated against you?

Name of department: _____

Which of the following best describes the reason you believe the discrimination took place?

Race _____ Color _____ National Origin _____ Limited English Proficiency _____ Other _____

In the space below please describe the alleged discrimination. Explain what happened, who you believe was responsible and the date of the alleged discrimination. Attach additional sheet(s) if necessary.

(over)

Please sign below. You may attach any additional information you think is relevant to your complaint.

Note: All complainants have the right to representation by an attorney or any other individual.

Si se necesita información en otro idioma, por favor llame al (865) 691-2551.

Signature of Complainant

Date

